PTO/SB/06 (12-04)

Approved for use through 7/51/2008, CMB 0651-0032
U.S. Patient and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Papermork Reduction Act of 1995, no persons are required to re ation unless it displays a valid QMB control number PATENT APPLICATION FEE DETERMINATION RECORD 101787.00 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA FOR HUNDER FLED RATE(S) FEE (1) RATE (S) FEE (1) BASIC FEE (37 CPR 1.18(4), (M, cr (c)) SEARCH FEE (17 CFR 1.140) (), or (10) EXAMINATION FEE (37 CFR 1.18(x), (b), or (ki) TOTAL CLAIMS @7 CFR L16(1)) minus 20 e OR MDEPENBENT GLAIMS (37 CFR 1.1604) - 4-If the specification and drawings exceed 100 sheets of paper, the application size fee due APPLICATION SIZE FEE (87 CFR 1.18(N)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.18(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1)) " If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II 5-2-05 (Column 1) OTHER THAN SMALL ENTITY OR (Cotumn 2) (Cohmo 3) SMALL ENTITY CLAIMS REMAINING HIGHEST PRESENT RATE (\$) ADDI-TIONAL RATE (\$) EXTRA AFTER PREVIOUSLY TIONAL FEE (\$) 벌 PAID FOR MENDMENT FEE (\$) Minus (in Cast Frield) OR Independent (37 CFR LISSO) OΩ Application Size Fee (37 CFR 1.16(a)) FIRST PRESENTATION OF MILITIPLE DEPENDENT CLASM (37 CFR 1.16(III) OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Cotumn 3) HIGHEST NUMBER PREVIOUSLY CLAMS REMARING PRESENT RATE (S) ADD8 RATE (\$) മ ADDL AFTER **EXTRA** TRONAL FEE (\$) TIONAL PAID FOR FEE (S) ũ (a) cold framily 3 3 TENDIV OR × OR Application Size Fee (37 CFR 1.16(e)) FIRST PRESENTATION OF MATURLE DEPENDENT CLAIM (UT CFR 1.160) OR TOTAL TOTAL ADD'L FEE ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This critection of Information is required by 37 CFR 1.16. The information is required to obtain or extain a benefit by the public which is to 6th (and by the ISH") TO process) an application. Confidentially is-governed by 35-U.S.C. 122 and 37 CFR-1.14. This-collection be estimated to take -12 minutes to complete the publication form to the USPTO. Time will vary depending upon the individual case. Any comments on Irra smount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and "redemark Office, U.S. Cepartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO 4:555. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22213-1450.

If you need assistance in completing the form, call 1-800-PTO-8199 and satect option 2.